

LO 7000060329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

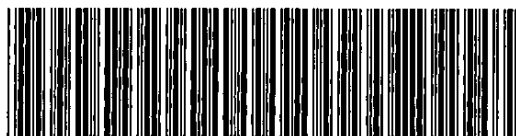
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JAN 22 2008  
**EXAMINER**

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2008 JAN 18 P 4: 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**RAUL SOCARRAS, P.A.**

ATTORNEY AND COUNSELOR AT LAW

4767 New Broad Street  
Orlando, Florida 32814  
Telephone: 407-514-0180  
Telecopier: 407-514-0135

January 17, 2008

**VIA OVERNIGHT COURIER**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

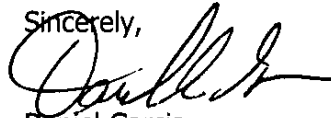
RE: INOB'S HANDYWORKS & PLUMBING, LLC

Dear Sir or Madame:

Enclosed please find the ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF INOB'S HANDYWORKS & PLUMBING, LLC along with a check made payable to the Department of State in the amount of \$25.00 representing the filing fee. Once such Amendment (name change) is filed please return the same to our address above.

Thank you for your anticipated cooperation regarding this matter and please contact me with any questions.

Sincerely,



Daniel Garcia  
Legal Assistant to Raul Socarras

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2008 JAN 18 2 41:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INOB'S HANDYWORKS & PLUMBING, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAUL SOCARRAS  
(Name of Person)

RAUL SOCARRAS, P.A.  
(Firm/Company)

4767 NEW BROAD STREET  
(Address)

ORLANDO, FLORIDA 32814  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

For further information concerning this matter, please call:

RAUL SOCARRAS at ( 407 ) 514-0180  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

INOB'S HANDYWORKS & PLUMBING, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/07/2007 and assigned Florida document number L07000060329.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

INOB'S CONTRACTORS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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TALLAHASSEE, FLORIDA

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Enter Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

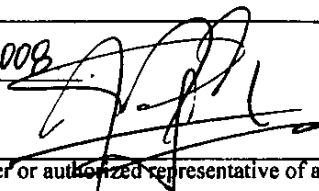
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated JAN 15, 2008



\_\_\_\_\_  
Signature of a member or authorized representative of a member

EDUARDO MENDES  
\_\_\_\_\_  
Typed or printed name of signee